

**FLORIDA DEPARTMENT OF FINANCIAL SERVICES**  
**DIVISION OF WORKERS' COMPENSATION**  
**Self-Insurers' Batch SI-17 Statistical Reporting**  
**Excel Training Manual**

**Self-Insurance Loss Data Excel Formatting Specifications for the Electronic Submission of the Form SI-17 (Self-Insurer Unit Statistical Report)**

This document is to be utilized for reporting loss data for experience modification purposes. The excel spreadsheet must be either .xls or .xlsx format. The excel file must be submitted via START System [Start Login Page](#). The naming standard for the excel document will be 'si17(your 4 digit Self-Insurance Carrier Code Number).xls(x)', for example if your number is 1234 then the document name would be 'si171234.xls(x)'.

An **Excess Claim** is a single claim for which the paid amount plus the reserves (incurred loss) is greater than \$19,000, as of the Evaluation Date. These claims must be reported on an individual basis and cannot be grouped.

A **Non-Excess Claim** is a single claim in which the paid amount plus the reserves (incurred loss) is less than or equal to \$19,000, as of the Evaluation Date. These claims must be grouped together, by injury code, class code and claim status.

For any technical assistance or questions, please contact Dwayne Manning at 850-413-1784 or [Dwayne.Manning@myfloridacfo.com](mailto:Dwayne.Manning@myfloridacfo.com).

You should have received the below template (Fig. 1) in a separate document for entering your data.

	A	B	C	D	E	F	G	H	I	J	K	L	M
	Carrier Number	Date of Accident/ Beg-Date	End-Date	Payroll Class Code	Report Number	Status	Injury Code	Claim Number	Number of Claims	Medical Loss	Indemnity Loss	Catastrophic Ind	FEIN
1	99901234	3/1/2015	00/00/0000	7720	1	1	06	123456789	000000000	000011335	000005666		595959591
2	99901234	1/1/2015	12/31/2015	0036	2	0	09	000000000	000000003	000009639	000000000	C	590123456
3													
4													

Fig. 1

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**Formatting SI-17 Loss Data for Batch Entry**

1	<p><b>Carrier Number</b>  This is the 8-digit Division assigned Self-Insured Number.</p> <p>Format: 9990NNNN Where NNNN = SI Carrier Code</p>								
2	<p><b>Date of Accident or Beginning Date</b></p> <p>Format: MM/DD/CCYY or M/D/CCYY  Ex. 03/01/2011 or 3/1/2011</p> <p><b>Note:</b> If Excess Claim, enter date of accident  If Non-Excess Claim, this is the first day of the coverage reporting period</p>								
3	<p><b>Ending Date</b>  This is the last day of the coverage reporting period corresponding to the report number.</p> <p>Format: MM/DD/CCYY or M/D/CCYY  Ex. 02/28/2011 or 2/28/2011</p> <p><b>NOTE:</b> If Excess Claim, this field should always be zero filled or blank (00/00/0000)  If Non-Excess, this is the last day of the coverage reporting period</p>								
4	<p><b>Payroll Class Code</b>  Up to a 4-digit payroll class code associated with a claim or group of claims being reported. Only the codes reported on FORM SI-5 (Self-Insurer Payroll Report) for the corresponding period can be utilized.</p> <p>Note: If less than 4 digits sent, it will be padded with zeroes on the left side of the number prior to loading the data  Example: The number '36' would be 0036</p>								
5	<p><b>Report Number</b>  This is the period for which the report covers</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Code</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Definition</u></th> </tr> </thead> <tbody> <tr> <td style="padding-left: 20px;">1</td> <td>The report covers claims for the most recent ended policy period</td> </tr> <tr> <td style="padding-left: 20px;">2</td> <td>The report covers the previous period (this period would have been Report 1 at the time of the last submission)</td> </tr> <tr> <td style="padding-left: 20px;">3</td> <td>The report covers the period before the previous period (this period would have been Report 2 at the time of the last submission)</td> </tr> </tbody> </table>	<u>Code</u>	<u>Definition</u>	1	The report covers claims for the most recent ended policy period	2	The report covers the previous period (this period would have been Report 1 at the time of the last submission)	3	The report covers the period before the previous period (this period would have been Report 2 at the time of the last submission)
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7	<p><b>Injury Code</b></p> <table border="0"> <thead> <tr> <th style="text-align: left;"><u>Code</u></th> <th style="text-align: left;"><u>Definition</u></th> </tr> </thead> <tbody> <tr> <td>01</td> <td>Death</td> </tr> <tr> <td>02</td> <td>Permanent Total Disability</td> </tr> <tr> <td>05</td> <td>Temporary Injury</td> </tr> <tr> <td>06</td> <td>Medical Only</td> </tr> <tr> <td>07</td> <td>Contract Medical</td> </tr> <tr> <td>09</td> <td>Permanent Partial Disability (Impairment Benefits in Florida)</td> </tr> </tbody> </table>	<u>Code</u>	<u>Definition</u>	01	Death	02	Permanent Total Disability	05	Temporary Injury	06	Medical Only	07	Contract Medical	09	Permanent Partial Disability (Impairment Benefits in Florida)
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01	Death														
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09	Permanent Partial Disability (Impairment Benefits in Florida)														
8	<p><b>Claim Number - For Excess Claims</b>  Claim number assigned either by you or your servicing entity. (Up to 9-digits)  If you send less than 9 digits, the claim number will be padded with zeros on the left.</p> <p><b>EX.</b> If you send claim number '12345' it will be entered as '000012345'  If Non-Excess, this field must be zero or blank</p>														
9	<p><b>Number of Claims – For Non-Excess Claims</b>  Number of claims in the group. Non-Excess claims must be grouped by injury code, payroll classification code and status. (Up to 9-digits)</p> <p><b>Note: Medical Incurred + Indemnity Incurred / Claim Count must be \$16,500 or less</b>  If Excess, this field must be zero or blank</p>														
10	<p><b>Medical Incurred Loss</b>  This is the 9-digit number for the medical amount incurred for the claim. Round to the nearest whole dollar. (No dollar signs or decimals)</p> <p>Ex. \$9,816 in Medical Loss will be sent as 9816</p>														
11	<p><b>Indemnity Incurred Loss</b>  This is the 9-digit number for the indemnity amount incurred for the claim. Round to the nearest whole dollar.</p> <p>Ex. \$7,000 in Indemnity Loss will be sent as 7000</p>														
12	<p><b>Catastrophic Indicator</b></p> <p><b>This will be a BLANK or a 'C'</b></p>														
13	<p><b>FEIN</b>  This is the Self-Insurer's Federal Employer Identification Number.</p> <p>NNNNNNNNN - Must be 9 characters Ex. 595959591</p>														

Once you have entered all data and checked it to make sure all the formatting is correct, please save your Excel document as **SI17NNNN.xlsx** or **SI17NNNN.xls** where NNNN is your Carrier Number.

Upload the file to [START](#).

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## Error Report

If you should receive an error report, it means that there were errors with the data that you submitted for processing and as a result, the data as a whole was rejected. The error report will list for you the record(s) number in error and it will detail the error underneath the error line. An example of the error report is provided below in Fig. 2. Please make the corrections and resend your file back to the Self Insurance Unit or FISGA, if you are required, for processing.

SI17 Detail Error Report for 01/13/2017

Page: 1

Date/Time: 1/13/2017 12:48:21 PM

File Name: SI171234.xlsx (ABC Company)													
Record Number	Carrier Number	Date of Accident/ Beginning Date	Ending Date	Report Number	Payroll Class Code	Status	Injury Code	Claim Number	Number of Claims	Medical Loss	Indemnity Loss	CI	FEIN
4	99901234	1/19/2014		1	9082	1	5	144583339		8740	28683		999999999
Invalid Date of Accident and Report Number combination. For reporting period 1 the date of accident should fall within coverage period 5/31/2015 - 5/30/2016													
6	99901234	5/31/2014	5/30/2014	3	9082	1	6		61	66150			999999999
Invalid Coverage Period and Report Number combination. For reporting period 3 the coverage period is 5/31/2013 - 5/30/2014													
11	99901234	5/31/2015	5/30/2015	2	9082	0	5		1	1727	3097		999999999
Invalid Coverage Period and Report Number combination. For reporting period 2 the coverage period is 5/31/2014 - 5/30/2015													
12	99901234	5/31/2014	5/30/2015	2	9082	3	5		14	37355	21963		999999999
Invalid Status Code: valid values are 0 and 1													

Fig. 2